

## INDUSTRIAL HYGIENE AIR SAMPLE SURVEY FORM NEHC 5100/13

This form is used to record information collected while sampling with air sampling pumps and passive monitors. Analytical information is provided by the laboratory. As many as 5 stressors may be listed on each form, but only 1 worker. Personal breathing zone and area samples may be listed on the same form.

### Front Side

**TO** The address of the consolidated industrial hygiene laboratory to which the sample is being sent.

**FROM** The complete address of the command requesting the sample analysis.

**POC** The industrial hygienist to contact in case there are questions concerning the sample(s).

**PHONE** The complete commercial and DSN phone numbers of the POC.

**FAX** The fax number of the POC.

**DATE** The date the samples were collected.

**IH UIC** The Unit Identification Code (UIC) of the command providing industrial hygiene support.

**ACTIVITY** The name of the command receiving industrial hygiene support.

**UIC** The Unit Identification Code of the command receiving industrial hygiene support.

**BUILDING/LOCATION** The building or hull number where the samples are being collected.

**SHOP/CODE** The name and/or number of the shop where the employee being sampled works.

**EMPLOYEE SAMPLED NAME** The complete name of the employee sampled.

**SSN/BADGE #** The last 4 digits of the social security number or the badge number of the employee sampled.

**JOB TITLE** Job title of individual sampled.

**(M)IL OR (C)IV** Is individual sampled military or civilian?

**OPERATION** A brief description of the operation performed during the sample period. (e.g., not 'painting' but 'spray painting ship's hull'.)

**CODE** The operation code which most closely matches the operation being evaluated. A list of operation codes can be found in the Industrial Hygiene Information Management System (IHIMS) manual.

**SHIFT** Number codes - mark the appropriate box on the form.  
1 = Day  
2 = Evening  
3 = Night

**FREQUENCY OF OPERATION** Number codes - mark the appropriate box on the form.  
1 = Daily  
2 = 2-3 Times/Week  
3 = Weekly  
4 = 2-3 Times/ Month  
5 = Monthly  
6 = 2-3 Times/Year  
7 = Yearly  
8 = Special Occasions

**DURATION OF OPERATION** Number codes - mark the appropriate box on the form. This is the usual or normal time it takes to perform the operation.  
1. = 0 - 15 minutes  
2. = 15 - 30 minutes  
3. = 30 - 60 minutes  
4. = 1 - 2 hours  
5. = 2 - 4 hours  
6. = 4 - 6 hours  
7. = 6 - 8 hours  
8. = >8 hours

**RESPIRATOR** A description of the respirator being used by the employee, to include manufacturer, model, type of cartridge, etc. If no respirator is in use, state "none."

**CODE** The NIOSH approval number for the respirator used.

**PPE** A description of any personal protective equipment in use during the sample period.

**CODE(S)** The code(s) of the personal protective equipment in use. The list of codes to use can be found in the Industrial Hygiene Field Operations Manual (IHFOM) Appendix 3-C.

<b>PRODUCT USED</b>	A description of the product containing the stressor (e.g., welding rod, spray paint, degreaser, etc.).	<b>LOD</b>	The limit of detection of the analytical method, to be provided by the laboratory.
<b>VENTILATION</b>	From the following list, select the most closely matching ventilation type: a. Natural b. General c. Small Booth d. Large Booth, non walk-in e. Large Booth, walk-in f. Canopy Hood g. Glove Box h. Laboratory Hood i. Free Hanging j. Lateral Slot k. Push-Pull l. Downdraft m. Metal working/wood working n. Low Volume-High Velocity	<b>RESULTS</b>	This data is provided by the laboratory. The analysis result(s) are expressed as $\mu\text{g}$ per sample or fibers per $\text{mm}^2$ .
<b>MEETS SPECS</b>	Based on measurements, does the ventilation meet applicable standards or guidelines? "Y" for yes; "N" for no; "U" for unknown.	<b>CONCENTRATION</b>	Concentration of the stressor(s) in $\text{mg}/\text{m}^3$ or fibers/cc. <b><u>To be calculated by the sample taker.</u></b>
<b>USED</b>	Is the ventilation system used? "Y" for yes; "N" for no.	<b>8 HR TWA</b>	The calculated 8 hour time weighted average(s) of the stressor(s). <b><u>To be calculated by the sample taker.</u></b>
<b>UNSAMPLED PERIOD</b>	Mark the appropriate box. For Other, please specify conditions.	<b>DATE RECEIVED</b>	The date the sample was received by the laboratory.
<b>SAMPLE COLLECTION TYPE</b>	For each sample collected, mark the appropriate box on the form: P (personal) or A (area).	<b>ANALYTICAL METHOD</b>	The method used by the laboratory to analyze the sample.
<b>TASK</b>	Further defines the operation.	<b>ANALYSIS PERFORMED BY</b>	The name and signature of the chemist performing the analysis.
<b>WORKSITE</b>	The location inside the building or ship where the sample is being collected.	<b>DATE ANALYZED</b>	The date the sample was analyzed.
<b>DURATION</b>	The duration of the sample, in minutes (calculated from pump 'on' and 'off' times).	<b>ANALYSIS REVIEWED BY</b>	Name and signature of the reviewing supervisor.
<b>FLOW RATE</b>	The flow rate of the sampling pump, or the <b><u>equivalent flow rate of the passive monitor</u></b> , in liters per minute.	<b>DATE REPORTED</b>	The date the laboratory reported the results.
<b>VOLUME</b>	The total volume of air collected, in liters.	<b>COMMENTS</b>	Explanatory comments by the chemist about the sample or analysis
<b>SAMPLE #</b>	The unique number used to identify the sample.	<b>Reverse Side</b>	
<b>LABORATORY #</b>	The number used by the lab to identify and track the sample.	<b>CALIBRATOR</b>	The manufacturer, model, type and serial number of the calibration device.
<b>STRESSOR/ CAS #</b>	The stressor being sampled and the Chemical Abstracts Service (CAS) registry number.	<b>PRE CAL DATE</b>	The date the sample pump was pre calibrated. Must be the same date as post calibration and sample date unless sampling across the midnight hour.
		<b>CALIBRATED BY</b>	The <b><u>printed</u></b> name and <b><u>signature</u></b> of the person performing the calibration.
		<b>POST CAL DATE</b>	The date the sample pump was post calibrated. Must be the same as the pre calibration date and sample date unless sampling across the midnight hour.

<b>PUMP MFG</b>	The manufacturer of the sampling pump or passive monitor.
<b>PUMP MODEL</b>	The model of the sampling pump or passive monitor.
<b>PUMP TYPE</b>	The type of pump or passive monitor
<b>PUMP SERIAL #</b>	The serial number of the pump or passive monitor.
<b>PRE CAL FLOW RATE</b>	The average flow rate during pump pre calibration.
<b>POST CAL FLOW RATE</b>	The average flow rate during pump post calibration.
<b>LOWER FLOW RATE</b>	<p>The lower of the pre and post pump calibration flow rates. This flow rate is to be used when calculating sample volume. The difference between pre and post calibration values should not exceed 5% when calculated by the equation:</p> $\% \text{ error} = \frac{\text{high value} - \text{low value}}{\text{low value}} \times 100$ <p>For passive monitors, enter the manufacturer's listed equivalent flow rate.</p>
<b>FIELD SAMPLE ID</b>	The number used to identify the sample in the field.
<b>MEDIA</b>	The type of media used to collect the sample (e.g., MCEF, CT, 3M 3500 OVM).
<b>LOT/TUBE #</b>	The manufacturer's lot or tube number for the media.

<b>EXPIRATION DATE</b>	The expiration date of the media, if any.
<b>TIME OFF</b>	The time the sampling period ended.
<b>TIME ON</b>	The time the sampling period began.
<b>PUMP CHECK(S)</b>	The <b>time(s)</b> when the pump was checked to ensure proper operation.
<b>CALCULATIONS</b>	Any calculations associated with the calibration or sample results.
<b>TIME COURSE OF EVENTS/ COMMENTS</b>	A <b>detailed</b> chronological description of the operation and any other comments or observations. Anyone reading this TCOE should be able to develop a mental image of what occurred during the operation.
<b>LENGTH OF OPERATION</b>	The actual amount of time the operation was performed on the day the sample was taken. This may or may not correspond to the actual sampling time.
<b>IHT/WPM</b>	The <b>printed</b> name and <b>signature</b> of the industrial hygiene technician or workplace monitor performing the sampling.
<b>DATE</b>	The date the form was signed.
<b>IH</b>	The <b>printed</b> name and <b>signature</b> of the industrial hygienist performing the sampling or reviewing the sample form.
<b>DATE</b>	The date the form was signed.
<b>PRIVACY ACT STATEMENT</b>	To be read, signed, and dated by the person being sampled, if required by your Command.